



PARENTAL CONSENT AND DECLARATION

Applicants who are below the age of 18 at the start date of the first semester must have their parent/legal guardian complete this form.

To be Filled in by Your Parent/Legal Guardian

I, the undersigned: Please tick: Parent Legal Guardian

Family Name _____ First Name _____

Mailing Address _____

City _____ State _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

(including country code)

(including country code)

Email _____ Alternate Email _____

I hereby declare that I have legal custody of the child:

Applicant's Family Name _____ Applicant's First Name _____

Date of Birth

Mailing Address _____

City _____ State _____

Postal Code _____ Country _____

I acknowledge that Glion is an adult environment, and, therefore, I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organised by the school including, but not limited to, general sports activities and/or events organized by the student body.

Medical consent: The nurses and medical staff of Glion Institute of Higher Education have my permission to evaluate and treat my minor child in the event of a medical emergency.

With this general consent, I also agree to all communications and notifications from the school becoming effective by being addressed directly to my child.

This consent will remain in effect until my child's 18th birthday.

Date

Signature of the Parent/Legal Guardian _____